



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



July 6, 2011

Rewat Rassamkiarttisak
Lanna Thai Spa
18354 ½ Soledad Canyon Road
Santa Clarita, CA 91387

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

HEARING ON PARTNERSHIP CHANGE W/HEARING/SC
BUSINESS LICENSE ID #135983

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, July 13, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
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July 6, 2011

Laxtikan Rassameekiattisak
Lanna Thai Spa
18354 1/2 Soledad Canyon Road
Santa Clarita, CA 91387

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Commission Staff



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374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



July 6, 2011

Woodtiporn Rassamekiarttisak
Lanna Thai Spa
18354 ½ Soledad Canyon Road
Santa Clarita, CA 91387

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LOS ANGELES, CA 90012
(213) 974-7691



July 6, 2011

Areewan Sengsourya
Lanna Thai Spa
18354 ½ Soledad Canyon Road
Santa Clarita, CA 91387

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374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



July 6, 2011

Panudda L. Decker
Lanna Thai Spa
18354 ½ Soledad Canyon Road
Santa Clarita, CA 91387

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Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....XXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXX
2ND PUBLISHING DATE:.....XXXXXX
3RD PUBLISHING DATE:.....XXXXXX

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

PARTNERSHIP CHANGE W/HEAR / SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....18354 1/2 SOLEDAD CYN RD.
SANTA CLARITA, CA 91387
NAME OF APPLICANT:.....REWAT , LAXTIKAN & WOODTIPORN
RASSAMEKIARTTISAK/ AREEWAN SENGSOURLYA
LANNA THAI SPA
DATE OF HEARING:.....07/13/2011
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: PARTNERSHIP CHANGE W/HEAR /SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: REWAT RASSAMEKIARTTI

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	06/03/11	
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	06/03/11	

Conditions:



Treasurer & Tax Collector
Massage Parlor - Application for Business License

Fee: \$1,333.00

I.D. # 135983

Type of Business Partnership Chy/Hearing - 8442

Address of Business 18354 1/2 Soledad Cyn Rd, Santa Clarita, CA 91387

Bus. Phone (661) 252-9991 Fax Phone () _____ Home Phone (818) 892-3626

DBA (Bus. Name) Lanna Thai Spa

Applicant's Full Name REWAT RASSAMEKIARTISAK

Mailing Address 18354 1/2 Soledad Cyn Rd, Santa Clarita, CA 91387

Home Address _____

SS# _____ Date of Birth _____ Place of Birth _____

State Driver's Lic. / I.D. Card _____ Exp. Date _____

Male _____ Female _____ Ht _____ Wt _____ Hair Color _____ Eye Color _____

Business Ownership Structure - Single Owner _____ Partnership ☒ LLC _____ Corporation _____

Date of Incorporation _____ Incorporated in the State of _____

Exact Corporate Name _____

Name of Officers	Addresses	Title

Massage Parlors Only - Are Massage Technicians required to be certified by the State of California, when employed at this facility? Yes ☒ No ☐

Does your facility have a valid certification as a Massage Practitioner with the State of California	Have you provided a copy of your Certificate and I.D. card	Certificate Number	Date of Expiration
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

I declare the information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

Date 01-10-11 Applicant's Signature [Signature]

Application Taken by: M6 Date: 1-10-11



Treasurer & Tax Collector
Massage Parlor - Application for Business License

Fee: \$ 1,333.00

I.D. # 135983

Type of Business Partnership Chg^w/M^woring - 8442

Address of Business 1835A¹/₂ Soledad Canyon Rd. Santa Clarita, Ca. 91387

Bus. Phone (661) 252-9991 Fax Phone () _____ Home Phone (818) 892-3626

DBA (Bus. Name) Lanna Thai Spa

Applicant's Full Name LAKTIRAN RASSAMEEKIATTISAK

Mailing Address 1835A¹/₂ Soledad Canyon Rd. Santa Clarita, Ca. 91387
1822A CALAHAN ST. PANORAMA City, Ca. 91402

Home Address _____

SS# _____ Date of Birth _____ Place of Birth _____

State Driver's Lic. / I.D. Card _____ Exp. Date _____

Male _____ Female _____ Ht _____ Wt _____ Hair Color _____ Eye Color _____

Business Ownership Structure - Single Owner _____ Partnership ☒ LLC _____ Corporation _____

Date of Incorporation _____ Incorporated in the State of _____

Contact Corporate Name _____

Name of Officers	Addresses	Title

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Does your facility have a valid certification as a Massage Practitioner with the State of California	Have you provided a copy of your Certificate and I.D. card	Certificate Number	Date of Expiration
YES <input checked="" type="checkbox"/> NO _____	YES <input checked="" type="checkbox"/> NO _____		

Information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

Date 01-10-11 Applicant's Signature L. Raskiattak

Application Taken by: ll6 Date: 1-10-11



Treasurer & Tax Collector
Massage Parlor - Application for Business License

Fee: \$ 1,333.00

I.D. # 135983

Type of Business Partnership Chg^W/Hearing - 8442

Address of Business 18354 1/2 Soledad Canyon Rd. Santa Clarita, Ca. 91387

Bus. Phone (661) 252-9991 Fax Phone () _____ Home Phone (818) 892-3626

BA (Bus. Name) Lanna Thai Spa

Applicant's Full Name Woodtiporn Rassamekiarttisak

Mailing Address 18354 1/2 Soledad Canyon Rd Santa Clarita, Ca. 91387
12824 CAHANAN ST. PANORAMA CITY, Ca. 91402

Home Address _____

_____ Date of Birth _____ Place of Birth _____

State Driver's Lic. / I.D. Card _____ Exp. Date _____

Gender Female Ht _____ Wt _____ Hair Color _____ Eye Color _____

Business Ownership Structure - Single Owner _____ Partnership ☒ LLC _____ Corporation _____

Year of Incorporation _____ Incorporated in the State of _____

Actual Corporate Name _____

Name of Officers	Addresses	Title

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Does your facility have a valid certification as a Massage Practitioner with the State of California	Have you provided a copy of your Certificate and I.D. card	Certificate Number	Date of Expiration
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

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01-10-11 Applicant's Signature Woodtiporn Rassamekiarttisak

Witness Taken by: [Signature] Date: 1-10-11



Treasurer & Tax Collector
Massage Parlor - Application for Business License

Fee: \$ 1,333.00

I.D. # 135983

Type of Business Partnership Chry/Hearing - 8442

Address of Business 183542 Soledad Canyon Rd. Santa Clarita, Ca. 91387

Bus. Phone (661) 252-9991 Fax Phone () _____ Home Phone (818) 892-3626

BA (Bus. Name) LANNA THAI SPA

Applicant's Full Name AREEWAN SENGSOURYA

Mailing Address 183542 Soledad Canyon Rd. Santa Clarita, Ca. 91387
1821 CARRAN ST. PANORAMA CA, 91402

Home Address _____

SSN # _____ Date of Birth _____

Place of Birth _____

State Driver's Lic. / I.D. Card _____

Exp. Date _____

Male _____ Female ☒ Ht _____

Wt _____

Hair Color _____

Eye Color _____

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Have you provided a copy of your Certificate and I.D. card

Certificate Number

Date of Expiration

☒ YES ☐ NO

☐ YES ☒ NO

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01-10-11 Applicant's Signature [Signature]

Registration Taken by: [Signature]

Date: 1-10-11

PARTNERSHIP AGREEMENT

Agreement by and between the Undersigned ("Partners")

1. Name: The name of the partnership is: Lanna Thai Spa
2. Partners. The name of the initial partner are:
 - (a) Laxtikan Rassameekiattisak
 - (b) Rewat Rassamekiarttisak
 - (c) Woodtiporn Rassamekiarttisak
 - (d) Areewan Sengsourya
 - and (e) Panudda Lohacharoen Decker
3. Place of Business. The principal place of business of the partnership is:
18354 1/2 Soledad Canyon Road, Santa Clarita, CA 91387
4. Nature of Business. The partnership shall generally engage in the following
business: Massage Parlor General
5. Duration. The partnership shall commence business on 12/28/2010 and
shall continue until terminated by this agreement or by operation of law.
6. Contribution of Capital. The partners shall contribute capital in proportionate
shares as follows:

Specific Name of Partner	Capital	Partnership Shares
Laxtikan Rassameekiattisak	\$10,000	22.20%
Rewat Rassamekiarttisak	15,000	33.30%
Woodtiporn Rassamekiarttisak	10,000	22.20%
Areewan Sengsourya	10,000	22.20%
Panudda Lohacharoen Decker	0	00.00%

7. Allocation of Depreciation or Gain or Loss on Contributed Property. The
Partners understand that, for income tax purposes, the partnership's adjusted
basis of some of the contributed property differs from fair market value at which
the property was accepted by the partnership. However, the partners intend
that the general allocation rule of the Internal Revenue Code shall apply, and
that the depreciation or gain or loss arising with respect to this property shall be
allocated proportionately between the partners, as allocated in Paragraph 6 above,
in determining the taxable income or loss of the partnership and the distributive
share of each partner, in the same manner as if such property had been purchased
the partnership at a cost equal to the adjusted basis.

8. **Capiat Accounts.** An individual capital account shall be maintained for each partner. The capital of each partner shall consist of the partner's original contribution of capital, as described in Paragrach6, and increased by additional capital contribution and decreased by distributions in reduction of partnership capital and reduced by his/her share of partnership losses, if these losses are charged to the capital accounts.
9. **Drawing Accounts.** An individual drawing account shall be maintained for each partner. All withdrawals by a partner shall be charged to his drawing account. Withdrawals shall be limited to amounts unanimously agreed to by the partners.
10. **Salaries.** No partner shall receive any salary for services rendered to the partnership except as specifically and first approved by each of the partners.
11. **Loans by Partsners.** If a majority of partners consent, any partner may lend money to the partnership at an interest and terms agreed in writing, at the time said loan is made.
12. **Profit and Losses.** Net profits of the partnership shall be divided proportionately between the partners, and the net losses shall be borne proportionately as follow:

Partner	Proportion
13. **Books of Accounts.** The partnership shall maintain adequate accounting records.

All books, records, and accounts of the partnership shall be open at all time to inspection by all partners, or their designated representatives.
14. **Accounting Basis.** The books of account shall be kept of a cash basis.
15. **Fiscal Year.** The books of account shall be kept of a fiscal year basis, commencing January 1 and ending December 31, and shall be closed and balance at the end of year.
16. **Annual Audit.** The books of account shall be audited as of the close of each fiscal year by an accountant chosen by the partners.
17. **Banking.** All funds of the partnership shall be deposited in the name of the partnership into such checking or savings accounts as designated by the partners.
18. **Death of Incapacity.** The death or incapacity of a partner shall cause an immediate dissolution of the partnership.
19. **Election of Remaining Partner to Continue Business.** In the event of the retirement, death, incapacity, or insanity of a partner, the remaining partners shall have the right to contunue the business of the partnership, either by themselves or in conjunction with any other person or persons they may select, but they shall pay to the retiring partner, or to the legal representatives of the deceased or incapacitated partner, the value of his or her interest in the partnership.

20. Valuation of Partner's Interest. The value of the interest of a retiring, incapacitated, deceased, or insane partner shall be the sum of (a) the partner's capital account, (b) any unpaid loans due the partner and (c) the partner's proportionate share of the accrued net profits remaining undistributed in his drawing account. No Value for goodwill shall be included in determining the value of a partner's interest, unless specifically agreed in advance by the partners.
21. Payment of Purchase Price. The value of partner's interest shall be paid without interest to the retiring partner, or to the legal representative of the deceased, incapacitated or insane partner, in N/A monthly installments, commencing on the first day of the second month after the effective date of the purchase.
22. Termination. In the event that the remaining partner does not elect to purchase the interest of the retiring deceased, incapacitated, or insane partner, or in the event the partners mutually agree to dissolve, the partnership shall terminate and the partners shall proceed with reasonable promptness to liquidate the business of the partnership. The assets of the partnership shall first be used to pay or provide for all debts of the partnership. Thereafter, all money remaining undistributed in the drawing accounts shall be paid to the partners. Then the remaining assets shall be divided proportionately as follows:

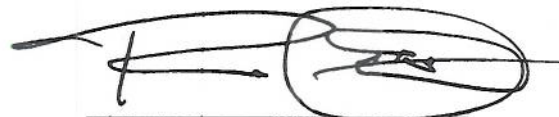
PARTNER

PERCENTAGE

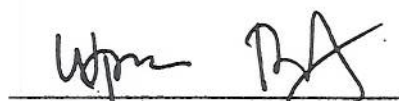
23. This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

Signed this 28th. day of December, 2010.


Partner


Partner


Partner


Partner

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

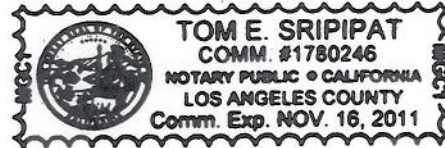
On 01/03/2010 before me, TOM E. SRIPAT Notary Public
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"
personally appeared, Rawat Rasmekiantisak.

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

T. E. Sripat (SEAL)
NOTARY PUBLIC SIGNATURE



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT _____

DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNERS(S) OTHER THAN NAMED ABOVE _____

SIGNER'S NAME _____ SIGNER'S NAME _____

RIGHT THUMBPRINT

RIGHT THUMBPRINT

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF Los Angeles.)

On 01/03/2010 before me, TOM E SRIPIPAT, Notary Public.
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC

personally appeared, Worakiporn Rassamekianttisak

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



NOTARY PUBLIC SIGNATURE (SEAL)



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DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNERS(S) OTHER THAN NAMED ABOVE _____

SIGNER'S NAME _____ SIGNER'S NAME _____

RIGHT THUMBPRINT

RIGHT THUMBPRINT

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA)

COUNTY OF LOS ANGELES.)

On 01/03/2010 before me, TOM E SRIPAT, Notary Public.
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

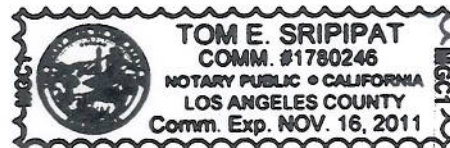
personally appeared, Laxtikan Rassameekiatfisk

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
NOTARY PUBLIC SIGNATURE (SEAL)



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT _____

DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNERS(S) OTHER THAN NAMED ABOVE _____

SIGNER'S NAME _____ SIGNER'S NAME _____

RIGHT THUMBPRINT

RIGHT THUMBPRINT



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
DIANA WOOD
SECRETARY
JAMES BARGER
COMMISSIONER
SARA VASQUEZ
COMMISSIONER

August 12, 2009 MEETING

374 HALL OF ADMINISTRATION

MINUTES

Commissioners Present

Steven Afriat, President
Renée Campbell, Vice President
Diana Wood, Secretary
James Barger, Commissioner
Sara Vasquez, Commissioner

County Representatives

Barbara Goul, Principal Deputy County
Counsel
Joseph Dangerfield, Treasurer and Tax
Collector

Commission Services Staff

Twila P. Kerr
Garen Khachian

Guests

Panudda L. Decker
Angel MaQueda
Oscar Gallardo, Sheriff's Department
Scott Hennessy, Sheriff's Department
Kristine Monarrez, Sheriff's Department

CALL TO ORDER

President Afriat called the meeting to order at 9:03 a.m.

MINUTES

ACTION TAKEN: Minutes of July 29, 2009 - Approved.

Motion: Commissioner Barger, seconded by Secretary Wood

Vote: Unanimously carried

PUBLIC HEARING

Application for Massage Parlor-General/SC Business License ID #135983

Panudda L. Decker
Lanna Thai SPA
18354 ½ Soledad Canyon Road
Santa Clarita, CA 91387 (Fifth District)

Joseph Dangerfield, Treasurer and Tax Collectors office, reported that the applicant has obtained all the necessary County approvals and there were no objections to the issuance of the license.

Panudda L. Decker, applicant, stated that the business will provide therapeutic healing for body pains using traditional Thai massage. She is familiar with all the requirements for operating the massage parlor and there are no locks on the doors. All massage technicians have obtained all the required permits and licenses.

ACTION TAKEN: The Commission approved the above-mentioned license with all Sheriff Department Standard Conditions.

Motion: Commissioner Barger seconded by Secretary Wood

Vote: Unanimously carried

Recommendation to Deny Public Eating, Coin Operated Game and Coin Operated Phonograph Business License ID # 135901

Angel & Marie MaQueda
El Rancho Alegre
5010 East Whittier Boulevard
Los Angeles, CA 90022 (First District)

Vice President Campbell joined the meeting.

Joseph Dangerfield, Treasurer and Tax Collectors office, reported that the Sheriff's Department is recommending that this application be denied. Scott Hennessy, Sheriff's Department, reported on a series of 14 service-calls to the business site within the past two years which include; violence, narcotics, prostitution and assault of a peace officer. Mr. Hennessy stated that throughout his investigation the issue of ownership and licensing remained unresolved; the Sheriff's Department has two documented violations for non-compliance of a business license. Additionally, the business was cited for Alcohol and Beverage Control (ABC) violations. The Sheriff Department shut down the business on June 5, 2009, for non-compliance of a Buiness License.

Angel MaQueda, applicant stated the business is currently closed. He was evicted by the landlord. He stated he has no intention of selling the bar and has not accepted money for the bar from anyone. He stated that it is his desire that the business be re-opened.

Mr. MaQueda withdrew his application for Public Eating, Coin Operated Game and Coin Operated Phonograph Business License ID # 135901, and these items were referred back to Treasurer and Tax Collector.



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



August 5, 2009

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Panudda L. Decker
Lanna Thai SPA
18354 1/2 Soledad Canyon Road
Santa Clarita, CA 91387

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
DIANA WOOD
SECRETARY
JAMES BARGER
Commissioner
SARA VASQUEZ
Commissioner

HEARING ON APPLICATION FOR MASSAGE PARLOR -
GENERAL/SC BUSINESS LICENSE ID #135983

Dear Ms. Decker:

The Business License Commission will hold a hearing on the above matter on **Wednesday, August 12, 2009** at 9:00 a.m. in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. Parking has been arranged for you in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed.

RIGHT TO REPRESENTATION

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.


FOREIGN LANGUAGE SPEAKERS

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Please note, proceedings begin promptly at 9:00 a.m. The Commission reserves the right to reschedule your hearing to a later date.

Sincerely,

Steven Afriat
President


Twila P. Kerr
Commission Staff

7007 3020 0000 6056 9957

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <u>Panudda L. Decker</u>	
Street, Apt. No., or PO Box No. <u>18354 1/2 Soledad Cyn Rd.</u>	
City, State, ZIP+4 <u>Santa Clarita CA 91387</u>	

PS Form 3800, August 2006 See Reverse for Instructions

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....07/16/2009

2ND PUBLISHING DATE:.....07/23/2009

3RD PUBLISHING DATE:.....07/30/2009

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MASSAGE PARLOR-GENERAL/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

**ADDRESS OF PREMISES:.....18354 1/2 SOLEDAD CYN RD.
SANTA CLARITA, CA 91387**
**NAME OF APPLICANT:.....LANNA THAI SPA / PANUDDA L. DECKER
LANNA THAI SPA**
DATE OF HEARING:.....08/12/2009
TIME OF HEARING:.....9:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387**

TELEPHONE: **(661) 252-9991**

OWNER OF BUSINESS: **PANIDDA L DECKER**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **LANNA THAI SPA**

MAILING ADDRESS: **18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	04/21/09	
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/02/09	
<input checked="" type="checkbox"/> 5. Public Health	YES	04/24/09	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	05/14/09	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	04/21/09	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	07/08/09	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	05/14/09	

Conditions:

BASIC LICENSE NO. **8430**

DATE **07/08/09**

IDENTIFICATION NUMBER **135983**

THE ASSURER AND TAX COLLECTOR
APPLICATION FOR BUSINESS LICENSE

FEE \$ 1,884.00

I.D.# 135983

TYPE OF BUSINESS

Massage Parlor/General - 8430

ADDRESS OF BUSINESS

18354 1/2 Soledad Canyon Rd.

Santa Clarita, CA 91387

BUS. PHONE# (661) 252-9991

"DBA" LANNA THAI SPA

APPLICANT(S) FULL NAME

PANUDDA LOHACHAROEN DECKER

HOME ADDRESS

1011 W. ANGELENO AVE, Burbank, CA 91505

MAILING ADDRESS

please mail to business address above

HOME PHONE # (918)

843-4461

SS#

[REDACTED]

[REDACTED]

[REDACTED]

ST. BD. OF EQUAL.#

PLACE OF BIRTH

Chaiyaphum, Thailand

DATE OF BIRTH

7/10/1968

DRIVER'S LIC.#

[REDACTED]

EXP. DT

7/10/12

SEX

F

HT

5'4

WT

134 lb

EYES

black

HAIR

black

"CORPORATION STATUS"

EXACT CORPORATE NAME

DATE OF INCORPORATION

INCORPORATED IN STATE OF

NAMES OF OFFICERS

ADDRESSES

TITLES

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

DATE 4/8/09

APPLICANT'S SIGNATURE

Panudda Lohacharoen Decker

APPLICATION TAKEN BY:

ME

DATE

4/8/09

I did contact with the Environmental Health Dept

TREASURER AND TAX COLLECTOR
222 N. GRAND AVE. ROOM 109
LOS ANGELES, CA 90012
(213) 974-2011

BUSINESS LICENSE APPLICATION INFORMATION SHEET

ACTIVITY: MESSAGE PARLOG GENERAL

☐ The Business License Fee receipt is your temporary license. You may operate this activity for sixty (60) days or until the application is denied.

☒ **YOU, MAY NOT OPERATE THIS ACTIVITY WITHOUT A LICENSE.** It is a misdemeanor to operate without a license. If you operate without a license, the Sheriff can cite you.

The following County agencies will review your Business License application:

☐ ANIMAL CARE & CONTROL
Capt. Jaime Meraz
(562) 940-8884

☒ BUSINESS LICENSE COMMISSION
Steve Erickson
(213) 974-7691

☒ FIRE
Linda Trejo
(323) 881-7068

☒ PUBLIC HEALTH - Environmental Health
Veronica Bauchman
(626) 430-5350

☐ PUBLIC WORKS
Environmental Programs
Robert Baker
(626) 458-5100

☒ PUBLIC WORKS
Building & Safety
Karen Wolfe
(626) 458-5100

☒ REGIONAL PLANNING
Land Development Center
M - F
(661) 255-4330

☐ RISK MANAGEMENT
Ann Rain
(213) 738-2199 Fax (213) 252-0404

☒ SHERIFF
Mel Cunningham
(661) 799-5171

☐ WEIGHTS & MEASURES
Larry Nolan
(562) 940-8946

The license **cannot be issued** until all designated agencies have given us their written approval. You can assist in the timely processing of your application by responding promptly to any request for information from these agencies.

☒ Fingerprint Requirement - Call the Sheriff's Fingerp[rint Unit immediately for an appointment. See the attached inforamtion sheet for details.

☒ Hearing Requirement - This type of license can only be granted by the Business License Commission at a public hearing. After all designated agencies have returned their written approval to us; a hearing will be scheduled in approximately 20 days.

Name of Applicant: PANUDDA LOHACHAROEN DECKER

Name of Business: LANNA THAI SPA

Date: 4-8-09/MG

ZONING REFERRAL

I.D. #: 135983

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 302
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355

DATE: 4/08/09

TYPE OF BUSINESS(ES) Massage Parlor/General

ADDRESS OF BUSINESS 1835 4 1/2 Soledad Canyon Rd.

CITY Santa Clarita, CA ZIP CODE 91387

NAME OF OWNER PANUDDA LOHACHARDEN DECKER

"DBA" LANNA THAI SPA TEL. #: 661-252-9991

MAILING ADDRESS same as above

EXISTING USE YES (☒) NO ()

USE PERMITTED IN ZONE Approved USE NOT PERMITTED IN ZONE
"APPROVED" "DENIED"

REMARKS ADM09-358

J. Keen
SIGNATURE OF ZONING OFFICER

4/08/09
DATE

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

✓ Veronica
109-00591

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: PANUDDA L DECKER

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

✓ APPROVAL

DENIAL

RECOMMENDATION:

APPROVED

SIGNATURE:

W Up 536470

DATE:

5/13/09

BASIC LICENSE NO. 8430

DATE 04/10/09

IDENTIFICATION NUMBER 135983

4/13

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

4/13/09
70/09

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: PANUDDA L DECKER

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: *Panudda L Decker*

DATE: 04/22/09

BASIC LICENSE NO. 8430

DATE 04/10/09

IDENTIFICATION NUMBER 135983

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387**

TELEPHONE: **(661) 252-9991**

OWNER OF BUSINESS: **PANUDDA L DECKER**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **LANNA THAI SPA**

MAILING ADDRESS: **18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: 

DATE: 4/13/09

BASIC LICENSE NO. **8430**

DATE **04/10/09**

IDENTIFICATION NUMBER **135983**

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

✓ Veronica
109-00591

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: PANUDDA L DECKER

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

APPROVED

SIGNATURE: _____

U Up 536470

DATE: _____

5/13/09

BASIC LICENSE NO. 8430

DATE 04/10/09

IDENTIFICATION NUMBER 135983

4/13

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-9991

OWNER OF BUSINESS: PANUDDA L DECKER

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

ADM09-358

SIGNATURE: _____

[Signature]

DATE: _____

9/13/09

BASIC LICENSE NO. 8430

DATE 04/10/09

IDENTIFICATION NUMBER 135983



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 34970, Los Angeles, CA 90034-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL SC

ADDRESS OF BUSINESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

TELEPHONE: (661) 252-5991

OWNER OF BUSINESS: PANTUDDA L DECKER

CAL DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LANNA THAI SPA

MAILING ADDRESS: 18354 1/2 SOLEDAD CYN RD, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

ENCLOSURE 6181 426-9264

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: J. Scott Branch

DATE: 6/29/2009

BASIC LICENSE NO. 9438

DATE 04/30/09

IDENTIFICATION NUMBER 135983

135983

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: CA0190094 Type of Application: (check one) () Employment (X) License, Certification, Permit () Volunteer
Code Assigned by DOJ
Job Title or Type of License, Certification of Permit: SPA and Massage Parlor
Health Club/SPA -Unincorporated Los Angeles County.

Agency Address Set Contributing Agency:

Los Angeles Sheriff's Department License Unit

Agency authorized to received criminal history information

11515 S. Colima Road Room C 111

Street No. Street or PO Box

Whittier, California 90604
CRY State Zip Code

07253

Mail Code (five -digit code assigned by DOJ)

Investigator Esther Hinojos

Contact Name (Mandatory for all school submissions)

(562) 946-7051

Contact Telephone No.

Name of Applicant: DECKER PANUDDA
(Please Print) Last First

AKA's: LANNA THAI SPA

CDL No. [REDACTED]

LOHACHAROEN
MI

DOB: 7/10/1968 SEX: () Male (X) Female

HT: 5'4 WT: 134 lbs.

EYE Color Black Hair Color: Black

POB: Chaiyaphum, Thailand

SOC. [REDACTED]

Misc. No. BIL-Applicant to pay at site.
Agency Billing Number (if applicable)

Misc. No. [REDACTED]

Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)

44 W. Angeleno Ave., K
Burbank, CA 91506
City, State and Zip Code

Your Number: TTC APP
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. [REDACTED]

Level of Service (X) DOJ () FBI

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations Submissions only)

Employer Name N/A

Street No. N/A Street or PO Box

N/A

Mail Code (five digit code Assigned by DOJ)

City N/A State Zip Code

()
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: B. ELEDGE

Name of Operator

Date APR 08 2009

California Fingerprinting Authority S44

M098DEP002

ATI No.

\$50/32

Amount Collected/Billed

Transmitting Agency